



**STATE OF MAINE JUDICIAL BRANCH**  
**OFFICE OF THE STATE JUDICIAL MARSHAL**  
Augusta, Maine 04333

**Acceptance and Acknowledgement Form**  
**TO BE SUBMITTED WITH THE ATTORNEY APPLICATION**

<b>Name:</b>	<b>Address, City, State &amp; Zip:</b>
<b>Maine Bar No.:</b>	

Upon receipt of my Maine Judicial Branch identification card (hereinafter "identification card"), I hereby acknowledge and agree as follows:

1. The identification card received today by me is issued for my exclusive possession and use and will be presented upon my entering any State of Maine courthouse. I will not allow any other person to borrow, duplicate, use or otherwise take possession of the identification card, and I understand and agree that the court access card does not provide entrance, bypassing entry screening, to any other person, including but not limited to, any person who may be entering the courthouse with me such as a witness, client or member of my staff. I will comply in all respects with the requirements of Administrative Order JB-15-2 regarding Entry Screening in Courthouses.
2. I understand I am responsible to follow all direction provided by the Office of Judicial Marshals (OJM).
3. I understand that the identification card allows me to bypass entry screening, but that it does not authorize access to any other area of a courthouse or a court facility to which access is restricted.
4. I understand, agree and warrant that I am not carrying any firearm, knife, or any other weapon into a court facility upon presentation of this card, and any violation of the weapons policy shall subject me to the revocation of privileges.
5. I understand that I have an affirmative obligation to notify OJM if I am charged with any crime.
6. I agree to immediately notify OJM, both verbally and in writing, in the event that the identification card is lost, stolen or misplaced. Upon issuance of a replacement identification card, I will pay a reissuance fee of twenty five dollars (\$25.00) to Treasurer, State of Maine.
7. I acknowledge and accept that OJM reserves the right to cancel, suspend, limit or modify the terms of my usage of the identification card and any access to the Maine courthouses related thereto at any time.
8. I understand that the identification card is valid for two years unless revoked, and it is my responsibility to request that it be renewed at the end of two years.
9. I agree to return the identification card within forty-eight (48) hours to OJM upon the voluntary or involuntary termination or suspension of my license to practice law; after the expiration of two years pending renewal; or as otherwise directed by OJM.
10. I acknowledge that the possession of a firearm, in a courthouse, is a violation of 17-A M.R.S. § 1058, even if I hold a valid permit to carry a concealed handgun issued by any government agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this completed form to: **Michael A. Coty, Marshal**  
**State House Station 171**  
**Augusta, Maine 04333**  
**Tel. (207) 213-2882**

For Office Use Only:

Card Issued: \_\_\_\_\_ Card Returned: \_\_\_\_\_